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EMPLOYMENT CANDIDATE CONSENT CONTRACT

This Psychological Evaluation is being conducted at the request of the Baptist State convention of North Carolina and is therefore somewhat different than other psychological services. It is important for you to understand how an evaluation as one part of a process to determine employment differs from more traditional psychological evaluations.

While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about how you are functioning psychologically to the organization or company requesting the evaluation. I do not make recommendations about employment.

The results of this type of evaluation are governed by the policy of the organization or entity requesting the evaluation. Exceptions to this might include a determination on my part that you are dangerous to another person or if you reveal information that a child under the age of eighteen (18) has been abused. I would also have to release this information if a court orders me to do so. There may be other examples where the laws require me to release the information obtained during the evaluation. You may inquire about this when we meet.

Once you agree to use the report a part of the application for employment process, a written report of the findings will be released to the Baptist State Convention of North Carolina as well as any other information that was provided concerning your mental health and functioning. If you have any concerns about the use or distribution of my report, you should discuss these issues carefully with the Baptist State Convention of North Carolina who is requesting and paying for this evaluation.

In an effort to provide the best possible service, I may find it helpful to consult other health and mental health professionals about an evaluation. During a consultation, I make every effort to avoid revealing the identity of the person being evaluated. The other professionals are also legally bound to keep the information confidential. It is not my policy to tell you about these consultations, but you may discuss this with me if you have questions or concerns.

The Baptist State Convention of North Carolina is my client and has complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because the evaluation was requested by another party, and is not for the purpose of treatment or counseling, the confidentiality may have fewer legal protections. I will not release the information unless instructed to do so by the Baptist State Convention of North Carolina or when I am legally required to do so.

Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document. You have the right to stop the evaluation at any time. There may be employment consequences if you stop the evaluation; therefore, it would be in your best interest to consult with the Baptist State Convention of North Carolina or your attorney before doing so. In addition, if appointments are not kept or are not cancelled at least twenty-four (24) hours prior to the appointment time, the entity requesting the evaluation will incur charges for the

unused time that has been set aside for these services. Whether such charges are passed to you or not is governed by the policy of the Baptist State Convention of North Carolina.

The evaluation itself consists of two separate parts: psychological testing and an oral interview. Once the psychological testing is completed, I will meet with you to summarize and explain the results and answer any questions you might have. At that time you may add any information that you believe to be pertinent. Remember you may stop the evaluation at any time. If you choose to stop, a written statement will be sent to the Baptist State Convention of North Carolina noting only that you have stopped the evaluation and a summary report will not be sent. Again, there may be employment and/or financial consequences so you are advised to consult with the Baptist State Convention of North Carolina or your attorney. Whether or not you will be required to reimburse the Baptist State Convention of North Carolina for the psychological evaluation fees is governed by the policy of the Baptist State Convention of North Carolina.

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask me. In addition, if at any time you need a break from the evaluation, please let me know and we will stop.

I have read and agree to the above:

_____ Date: _____
(name)

(signature)

I have received the results orally and had an opportunity to ask questions and clarify information. I have been given opportunity to stop the evaluation. My signature indicates that I am aware that a written report will be released to the Baptist State Convention of North Carolina and I will not have access to the report. Any distribution of the report is governed by the policy of the Baptist State Convention of North Carolina.

_____ Date: _____
(signature)